DOCUMENT RESUME

ED 315 698 CG 022 278

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TITLE Informal Social Support: A Close Look at a Community-Based Volunteer Aftercare Program for the Emotionally Disturbed.
SPONS AGENCY National Inst. of Mental Health (DHHS), Bethesda, Md.
PUB DATE Aug 89
NOTE 17p.; Paper presented at the Annual Meeting of the American Psychological Association (97th, New Orleans, LA, August 11-15, 1989).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Counseling; *Emotional Disturbances; *Helping Relationship; *Nonprofessional Personnel; *Social Support Groups; *Volunteers

ABSTRACT

Due to the high cost of professional services for the emotionally disturbed it is often the case that community-based aftercare programs for this population rely heavily on the use of volunteers to provide direct supportive functions. This study used a structured interview to attempt to describe the perceptions of volunteers of the informal helping relationship in a community-based aftercare program for the emotionally disturbed. The participants were 18 volunteer informal helpers. The results of the interview were in accordance with expectations, and are almost identical to prescriptions of the helping role found in the social support literature. The majority of the volunteers were in the program from between 4 months to 1 year; there was not, therefore, much difference between the participants based on length of time in the program. All of the volunteers found out about the program through a radio or newspaper ad that appealed to them personally. For the most part the volunteers perceived their role in a way that was consistent with the expectations that society, the service delivery system, and their helpees would hold for them. All of the participants described themselves as having one of the following traits: empathy, warmness, sensitivity, or helpfulness. More elaborate descriptive findings are needed regarding the helping relationship. (Author/ABL)

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Informal Social Support:

A Close Look at a Community-Based

Volunteer Aftercare Program

For the Emotionally Disturbed

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ABSTRACT

The present study attempted to describe the perceptions of volunteers of the informal helping relationship in a community-based aftercare program for the emotionally disturbed by way of a structured interview. The participants in this study were 18 volunteer informal helpers. The results of the interview were in accordance with what one would expect to find and are almost identical to prescriptions of the helping role found in the social support literature. It is suggested that the only way to determine whether or not helpers use what they know in the actual helping situation is to observe the helping interactions over time or to look at the outcome of the relationship at several points in time during the helping process.

In the social support literature there is much emphasis placed on the building and maintaining of a social support network in order to mediate the maladaptive effects of stress on the individual (Caplan, 1974; Dean & Lin, 1977). Researchers in this field agree that enough research has been reported to support the belief that stressful life events present some risk to both the physical and mental health of the individual. Social support networks are hypothesized to provide resources for successfully dealing with both stressful life situations and the emotional disturbances related to them (Eckenrode & Gore, 1981) and social support may be derived from any number of sources; both formal and informal (Froland, Pancost, Chapman & Kimboko, 1981). Many community-based programs claim to provide the needy members of the community with ways that they can build and maintain their social support networks. One such group of consumers of these services is the emotionally disturbed.

Due to the high cost of professional services for the emotionally disturbed it is often the case that community-based aftercare programs for this population rely heavily on the use of volunteers to provide direct supportive functions (Seidl, 1982). Another rationale for the use of volunteers in these settings is that it is believed that there are certain tasks that can be performed by untrained informal helpers with little or no pay (Davies, 1980; Drulak, 1979). It is also believed that the participation in community interventions by community members and professionals associated with the problem of interest is the most effective way of facilitating the assimilation of the emotionally disturbed person back into the community after being released from a psychiatric hospital (Davis,

1982). These beliefs about using volunteers to perform services to the emotionally disturbed have not gone unquestioned.

There are some studies that caution against the use of volunteers due to what has been called "the professionalization phenomenon" (Fellner & Holscher, 1979). This phenomenon is said to occur because the more training, supervision and experience the volunteer receives, the less likely he or she is to continue to work without pay and be content with volunteer status. Once a volunteer has gained confidence in his or her knowledge and skills, Fellner and Holscher caution that he or she may begin to move toward a paid professional role. Similarly, attempts to train indigenous helpers for quasi-professional roles have met with the criticism that such helpers begin to take on a professional frame of reference and lose their ability to relate effectively to their indigenous reference groups (Levine, Tulkin, Intagliata, Perry & Whitsom, 1978).

Despite the considerable use of informal helpers, little empirical data exist on the nature of the help provided by the informal caregivers. Since these helpers are the primary resource in many informal social support systems, it appears essential to begin determining what types of help are effective for what kind of person, experiencing what particular problem (Heller, 1979; Mitchell & Trickett, 1980). At present there are few descriptive studies of the parameters of informal helping, the kinds of help provided, the characteristics of the helpers, the contexts in which help occurs and the kinds of problems typically encountered in the relationship by the helper (D'Augelli & Ehrlich, 1982).

Most studies of the informal helping relationship have focused on the

helper's personal qualities only and not on the helper's perception of the relationship and the quality of the service they were delivering. Most studies focused on the personality traits of the helper such as motivation, empathy and warmth (Carkhuff & Traux, 1965; Collins, 1971). These studies have lead to the popular conception that people who offer to help strangers as volunteers may be individuals who have a special concern about particular problems because they experienced them in their own lives or are close to someone who has. Helpers are seen as people who want to try out a role analogous to a professional helping role or people who have time and skills that are underutilized (Curry & Young, 1978).

The present study attempted to describe volunteers' perceptions of the helping relationship with the helpee in a community-based aftercare program for the emotionally disturbed in a community in Upstate New York. This study, unlike the majority of prior studies, did not focus on the personal characteristics of the volunteers, but rather it looked at the helper's perception of the informal helping situation.

The purpose of the program under study is to provide goal-oriented supportive friendship. The program is sponsored by the county mental health association and is designed to help people with serious mental health problems to broaden their social support networks. Each person is matched one-to one with a trained volunteer friend. The pairs meet each week for a trial period, which they use to explore compatibility and to set possible goals for the relationship. After the trial period, the volunteer and helpee meet once a week for a year to work on the goals that they have set. These

goals are determined by the individuals with the assistance of their volunteers. Goals may include simply being friends, making new friends, finding or changing housing arrangements, finding appropriate mental services, finding ways to function more independently, obtaining disability benefits and finding employment.

METHODS

Subjects

The participants in this study were 18 members of a community-based volunteer program for the emotionally disturbed. The average time in the program for this sample was 6.7 months with a standard deviation of 4.0 months. The range of time in the program was from 2 months to 18 months at the time of the interviewing.

Materials

A structured interview was used that was designed to assess the volunteer's perceptions of the relationship (See Appendix A).

Procedure

The volunteers were interviewed privately by the investigator in an office setting. The volunteers read and signed an informed consent form explaining briefly that the interview would be about their experiences in the program. The volunteers were asked each question aloud and were permitted to take as much time to answer as needed. The investigator recorded the answers verbatim. Little or no clarification was given about the questions, they were just simply restated in the original format when clarification was requested.

Data were collected concerning the following: (1) the amount of time the

subjects were in the program; (2) how they found out about the program; (3) their reasons for volunteering; (4) whether or not it was their first experience with the emotionally disturbed; (5) a description of their helpee and (6) a description of themselves in relation to the match. The remaining questions were those that assessed the helpers' perceptions of the informal helping situation. Question #18, the description of the helpee by the volunteer, was scored on the basis of the adjectives used to describe the helpee. If the subject described his/her counterpart using all positive statements, the description was scored as a positive appraisal. If the subject described his/her helpee using all negative statements, the description was scored as a negative appraisal. If the subject described his/her helpee stressing the person's assets as well as deficits, the description was scored as a neutral descriptive appraisal.

RESULTS

The interviews revealed that the majority of the subjects (72 %) had been in the program from 4 months to 1 year. Volunteers stated that they joined the program out of a need to appease their social conscience and secondary to personal experiences with emotional disturbances by either themselves or someone close to them. The majority (71 %) had no prior work experience with the emotionally disturbed. Descriptive statistics are presented in Table 1.

Table 1. Background variables for volunteer participants.

Time in Program	Frequency (%)
less than 4 months	3 (18%)
4 months to 1 year	13 (72%)
1 year or more	2 (12%)

Reason for Joining Program	Frequency (%)
secondary to person experience with emotional disturbance	8 (47%)
out of a need to appease their social conscience	6 (33%)
to gain clinical experience and a better understanding of emotional disturbances	3 (18%)

Prior experience	
no prior work experience with the emotionally disturbed	12 (71%)
prior work experience with emotionally disturbed	6 (33%)

The Volunteer's Perception of the Informal Helping Relationship

The majority of the volunteers stated that they expected to get satisfaction from helping others from the helping relationship. They stated, in the majority of cases (89 %), that they expected to contribute support, guidance, friendship and advocacy to the relationship and they hoped that the person they were helping learned social competence, social skills, a sense of connectedness, trust, self esteem confidence and feelings of normalcy.

When asked if they felt able to handle any potential problems, the majority of volunteers (72 %) answered in the affirmative and said that they would handle the problem within the context of the relationship rather than seek outside help. All said that they are unsure of their practices at times and generated several strategies to correct a mistaken communication in the relationship.

For the most part the volunteers saw the relationship as a place where they could teach social competence, social skills, connectedness with others, trust, self esteem, confidence and feelings of normalcy. The majority saw the relationship as getting better over time and continuing after the 1 year is up. The majority felt that the biggest problem in the relationship would be if they were not being helpful or if the helpee rejected their help and they would give up under such circumstances. Volunteers feared an unmanageable situation like suicide. Time limits were those reported being set most frequently by the volunteers followed by emotional limits.

The Volunteer's Perception of the Helpee

The majority of the descriptions of the helpee's by the volunteers were neutral/descriptive.

DISCUSSION

The present study attempted to describe the perceptions of the volunteers of the relationship with the helpee in a community-based aftercare program for the emotionally disturbed in a small urban community.

Time in the Program

The majority of the volunteers were in the program from between 4 months to 1 year, indicating that not much difference existed between the participants based on their amount of time in the program. For 33% of the volunteers, it was their first experience working with the emotionally disturbed. These helpers also tended to have more general and grandiose goals for the relationship. They reported such goals for the relationship as: "solving all their problems", "bringing them happiness and fun all of the time", I do not think that there is a problem that we cannot handle", and "I do not think that there is any need for limits in the relationship. These participants also tended to give unrealistically positive descriptions of their helpee.

For approximately 67% of the subjects, this was not their first experience working with the emotionally disturbed. Many of them were especially attracted to the opportunity to have a non-professional but therapeutic relationship with someone with emotional problems.

Reasons for Joining

All of the volunteers found out about the program by a radio and newspaper ad that appealed to them personally. The ad in general stated: "Have you ever been lonely and needed a friend?" This phrase seemed to help the listener identify with the feelings of a person in need. Approximately 47.1% of the volunteers reported that they joined the program because of experiences that they had in their own lives with emotional problems. This is consistent with the findings from a study done by Curry & Young (1978) who concluded that people who offer to help strangers as volunteers may be individuals who have special concern about particular problems because they experience them in their own lives or are close to someone who has. A majority of the subjects reported that in all of their relationships they were always the comforter or "shoulder to cry on" and that troubles people had a natural propensity to befriend them.

Approximately 18% of those interviewed reported that they joined the program to gain clinical experience and a better diagnostic understanding of emotional disorders. Many were motivated by a desire to see if working with the emotionally disturbed would be a rewarding career move. This is not surprising given that Curry and Young (1978) fount that informal helpers may be people who want to try out a role analogous to a professional helping role or people who have time and skills that are underutilized.

Perceptions of the Relationship

For the most part the volunteers perceived their role in a way that was consistent with the expectations that society, the service delivery system

and their helpees would hold for them. Their perception of their role as helpers was also in accordance with what would be prescribed by the social support literature as a supportive approach to a helping relationship (Caplan, 1974). All of the participants described themselves as having one of the following traits: empathy, warmness, sensitivity and helpfulness.

If this program was representative of other programs like it, then on a very basic level, it did a good job of giving the volunteer members a more than adequate perception of what a helping relationship is all about. The helping relationship was described by the volunteers in this study as a relationship in which the social support network is built by raising the helpee's self esteem, teaching the helpee appropriate social skills, relying a feeling of connectedness and helping the person assimilate back into the community. Based on the responses given by the subjects in this study, it can be stated that this particular program has raised the consciousness of the volunteers and the community of which they are members, about the need for supportive social networks for the emotionally disturbed.

In general, the descriptions of the helping relationship were in accordance with what one would hope to find. The descriptions of the helping role were almost identical to prescriptions of the helping role found in the social support literature. These findings may be due to the following: (1) a large portion of the sample (71%) had prior experience working with emotionally disturbed and (2) all subjects attended 10 hours of orientation training prior to participating in the interviews.

The important issue raised when evaluating the efficacy of such a

program is to what extent is what the volunteer perceives and reports regarding his/her practices is what he/she actually does. In a similar study of informal helping activities, D'Augelli and Ehrlich (1982) found that their self-report data shed some light on the quality of the help provided by their sample but these finding were inconsistent with other behavioral data collected on the helping styles of these individuals. During a behavioral assessment in which the subjects actually tried to listen to someone else's problem, the pattern of helping behavior was dramatically different. There was a discrepancy between what the subjects reported they said to the person they were helping and what they actually did say while helping. We have yet to establish whether or not helpers use what they learn in training in the actual situation. The only way to determine this might actually be to observe the helping interactions over time or to look at the outcome of the relationship at several points in time during the helping process.

Provocations for Further Research

It is suggested that more elaborate descriptive findings are needed regarding the helping relationship. A larger sample size, a measure that will yield numerically weighted values of the particular constructs of the helping relationship and a method by which one may establish whether the informal caregivers apply the skills learned in training to the helping situation.

APPENDIX A

Volunteer Interview

1) How long have you been a volunteer in the program?
2) How did you find out about the program?
3) Why did you decide to volunteer?
4) Is this your first experience with the emotionally disturbed?
5) What do you expect to get out of the relationship and how do you expect to get this?
6) What do you expect to be able to contribute to the relationship and how will you go about doing this?
7) What would you like the person you help to get out of the interaction between you and him/her?
8) What are some goals that you have set for yourself in the program?
9) What are some goals that you have set for your counterpart?
10) How do you see your relationship changing over time?
11) What are some possible pitfalls of potential problems that you expect to encounter or have encountered in your relationship?
12) Do you see yourself as being able to handle any potential problems?
13) How in particular do you think you would handle any potential problems?
14) What is the worst thing that you think could happen between you and the person you help?
15) Under what conditions would you consider throwing in the towel?
16) Do you ever feel that you do not know what to say to the person you are helping or that what you said might be wrong or damaging to the relationship? What do you do when this happens?
17) Do you set limits in the relationship? What types of limits?
18) Describe the person you help?
19) Describe yourself?

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